Global Strategy for Asthma Management & Prevention

Diagnostic criteria, GINA Track 1 and Track 2 stepwise pharmacotherapy for adults/adolescents, non-pharmacologic management, and red flags for fatal or near-fatal asthma.

GINA Global Strategy
Global Strategy for Asthma Management and Prevention
Global Initiative for Asthma (GINA)
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PATHWAY — Track 1 · Preferred (ICS-Formoterol) — Track 2 · Alternative (ICS-SABA/SABA)

1 Diagnostic Criteria

–	FEATURES
Symptoms	Wheeze, shortness of breath, chest tightness, cough — more than one present, variable over time and in intensity; worse at night/waking; triggered by exercise, laughter, allergens, cold air; worsens after exercise or with viral infections.
BD reversibility	Adults: FEV1 or FVC rise ≥12% and ≥200 mL (≥15%/≥400 mL more confirmatory) 10–15 min post-SABA.
Diurnal PEF variability	Adults: average daily diurnal variability >10% over 2 wk of twice-daily readings.
ICS trial / exercise test	FEV1 rise ≥12%/≥200 mL after 4 wk of daily ICS-containing treatment; or fall in FEV1 >10%/>200 mL on exercise testing.

2 Stepwise Pharmacotherapy — Track 1 vs. Track 2

TRACK 1 — ICS-FORMOTEROL RELIEVER (PREFERRED)		TRACK 2 — ICS-SABA/SABA RELIEVER (ALTERNATIVE)	
1–2	As-needed-only low-dose ICS-formoterol — symptom relief, before exercise, or before unavoidable allergen exposure.	1	As-needed low-dose combination ICS-SABA; or low-dose ICS whenever SABA taken — avoid pure SABA-only treatment.
3	Low-dose MART: daily low-dose maintenance ICS-formoterol + as-needed ICS-formoterol.	2	Daily low-dose maintenance ICS + as-needed SABA (or ICS-SABA).
4	Medium-dose MART: medium-dose maintenance ICS-formoterol + as-needed ICS-formoterol.	3	Low-dose ICS-LABA maintenance + as-needed SABA.
5	Refer for phenotypic assessment ± add-on LAMA and/or biologic; consider high-dose MART.	4–5	Medium/high-dose ICS-LABA maintenance + as-needed SABA; step 5 adds LAMA and/or refers for phenotypic assessment ± biologic.

Reliever dosing	1 inhalation as needed; repeat after a few minutes if symptoms persist; seek urgent care if >12 inhalations/24 h total.

3 Non-Pharmacologic Management & Risk Reduction

STRATEGY	GUIDANCE
Smoking	Advise cessation at every visit; offer counseling and cessation programs; advise avoidance of secondhand smoke.
Physical activity	Encourage regular activity for general health benefit; advise on exercise-induced bronchoconstriction prevention.
Occupational/allergen exposures	Ask about workplace exposures in all patients with adult-onset asthma; avoid confirmed sensitizing agents/allergens where feasible.
Medications	Ask about NSAID/aspirin sensitivity and beta-blocker use before prescribing.
Vaccination & comorbidities	Ensure influenza/pneumococcal/COVID-19 vaccination per local guidance; treat obesity, GERD, rhinosinusitis, anxiety/depression, and OSA.

4 Red Flags — Fatal / Near-Fatal Asthma Risk

–	RISK FACTOR
History	Prior near-fatal asthma requiring intubation/ventilation; hospitalization or multiple ED visits in the past year (deaths also occur without prior urgent care).
Medication pattern	Currently using or recently stopped OCS; not using ICS; poor ICS adherence or no written action plan; SABA over-use (>1 canister/mo = extremely high risk); nebulized SABA use.
Patient factors	Psychiatric disease or psychosocial problems; food allergy or anaphylaxis history; poor perception of airflow limitation; severe airway hyperresponsiveness; comorbid pneumonia, diabetes, or arrhythmias.

Format note: condensed from Box 1-2, Box 3-3, Box 4-7, Box 4-9A/B, and Box 9-1. Track 1 (ICS-formoterol reliever) is the GINA-preferred strategy for adults and adolescents.

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